



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
DATA EXCHANGE SERVICES MS A-10
PO BOX 942840
SACRAMENTO CA 94240-6090

**Transmittal of Annual 1098, 1099, 5498, W-2G Information
For Tax Year _____**

Date File Submitted _____

Part I — PLEASE COMPLETE THE FOLLOWING INFORMATION

Transmitter Information

FEIN: _____	Type of file represented: <input type="checkbox"/> Original <input type="checkbox"/> Correction <input type="checkbox"/> Replacement <input type="checkbox"/> Test
Current Name, Address, City, State, ZIP Code	Last Year's Name & Address if different this year

Reporting Information

Information Return Type(s):							
1098 <input type="checkbox"/>	1099A <input type="checkbox"/>	1099B <input type="checkbox"/>	1099C <input type="checkbox"/>	1099DIV <input type="checkbox"/>	1099G <input type="checkbox"/>	1099INT <input type="checkbox"/>	1099LTC <input type="checkbox"/>
1099MISC <input type="checkbox"/>	1099OID <input type="checkbox"/>	1099PATR <input type="checkbox"/>	1099Q <input type="checkbox"/>	1099R <input type="checkbox"/>	1099S <input type="checkbox"/>	5498 <input type="checkbox"/>	W2-G <input type="checkbox"/>
Total Payer 'A' Records _____				Total Payee 'B' Records _____			
Note: The totals above must match the accumulated totals on your media file. A mismatch could cause delayed processing, and your file may be returned to you for replacement.							
Signature _____ Title _____ Date _____							

Media Characteristics

CARTRIDGES	Media No.	External Label No.	DISKETTES/COMPACT DISKS
Internal Header Labels: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 of		Filename(s) and Extension(s) Used: _____ _____ _____
Recording Mode:	2 of		
<input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII	3 of		
Record Length = 750	4 of		
Blocksize =	5 of		
	6 of		
Person to contact for media problems:			
Name _____ Telephone _____ Ext. _____			

Part II — PREPARATION INSTRUCTIONS

A. Form Preparation

Prepare a separate FTB 3601 Transmittal for each type of media; i.e., if your organization reports on both tape cartridge and diskette and/or CD, then each media must be accompanied by an FTB 3601 Transmittal. It must be prepared in the manner described below.

1. Transmitter Information

- FEIN: The Federal Employer Identification Number of the agency sending the file to the Franchise Tax Board.
- Indicate whether the media file is the original issue, corrections to individual records from your original file, a replacement for the entire original file, or a test file.
- Address of the agency sending the media file to the Franchise Tax Board. If there is any change in the name and address reported last year, enter both the new and the old information in the appropriate boxes.

2. Reporting Information

- Total payers is the total number of all payer "A" records.
- Total payees is the total number of payee "B" records reported on the entire file.
- The signature line must be properly signed and dated by the person to whom the organization has delegated this responsibility. An organization transmitting for others may sign the form provided written permission was granted by the payer(s). If permission is granted, the organization becomes the transfer agent and assumes responsibility for data quality and completeness.

3. Media Characteristics

- Indicate the cartridge/diskette/CD recording characteristics by filling in the necessary information and checking the appropriate boxes. This information should be obtained from someone in your data processing area.
- If your information is reported on cartridges, enter the media numbers so that we can process them in the proper sequence. Also, enter the corresponding external label number assigned by your organization. If we experience any file problems, these numbers may be used as a point of reference when we call.
- Multiply the number of records per block times 750 to obtain the block size.

4. Contact Information

- Enter the name and telephone number of a person we can contact for technical information or to resolve media problems.

B. File Preparation

1. Affix a transmitter identification label to each media.
2. If multiple volumes are submitted, list the volume sequence numbers on the media labels (i.e., 1 of 2, 2 of 2). If only one media file is submitted, list it as "1 of 1".
3. Mark each label with the transmitter's name, type of reporting (ie., 1099, 1098, W-2G), and the tax year being reported.

Part III — MAILING INSTRUCTIONS

Complete this form as described above (Part II) and either ship or mail it with the media file(s) to:

SHIPPING

Data Exchange
Service and Supply
Franchise Tax Board
9646 Butterfield Way
Sacramento CA 95827

U.S. MAIL

Data Exchange
Franchise Tax Board
PO Box 942840
Sacramento CA 94240-6090

Part IV — INFORMATION CONTACT

For further information regarding information return reporting, please call Data Exchange at (916) 845-3778.